

## UNITED STATES PATENT AND TRADEMARK OFFICE



UNITED STATES DEPARTMENT OF COMMERCE United States Patent and Trademark Office Address: COMMISSIONER FOR PATENTS P.O. Box 1450 Alexandria, Virginia 22313-1450 www.uspto.gov

| APPLICATION NO.                  | FILING DATE .  | FIRST NAMED INVENTOR | ATTORNEY DOCKET NO.     | CONFIRMATION NO. |  |
|----------------------------------|----------------|----------------------|-------------------------|------------------|--|
| 10/696,876                       | 10/30/2003     | Taek-Sun Han         | F-7997                  | 9155             |  |
| 28107 75                         | 590 04/15/2005 |                      | EXAMINER                |                  |  |
| JORDAN AND HAMBURG LLP           |                |                      | LEGESSE, NINI F         |                  |  |
| 122 EAST 42N                     | D STREET       | ART UNIT             | PAPER NUMBER            |                  |  |
| SUITE 4000<br>NEW YORK, NY 10168 |                |                      | 3711                    |                  |  |
| •                                |                |                      | DATE MAILED: 04/15/2005 |                  |  |

Please find below and/or attached an Office communication concerning this application or proceeding.

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| Office Action Summary                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 10/696,876                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 3                                                                                                                            | HAN, TAEK-SUN                                                                                         |           |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Examiner                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                              | Art Unit                                                                                              |           |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | •                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Nini F. Leg                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | esse                                                                                                                         | 3711                                                                                                  |           |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | - The MAILING DATE of this communica                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                              | l <u>L</u>                                                                                            | s         |  |  |
| Period for                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | r Reply                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                              |                                                                                                       |           |  |  |
| THE N - Exten after S - If the   - If NO - Failur Any re                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | DRTENED STATUTORY PERIOD FOR MAILING DATE OF THIS COMMUNICATION OF THIS COMMUNICATION OF THIS COMMUNICATION OF THE PROPERTY OF | ATION.  TOTE TOTE  TOTE  TOTE  TOTE  TOTE  TOTE  TOTE  TOTE  TOTE  TOTE  TOTE  TOTE  TOTE  TOTE  TOTE  TOTE  TOTE  TOTE  TOTE  TOTE  TOTE  TOTE  TOTE  TOTE  TOTE  TOTE  TOTE  TOTE  TOTE  TOTE  TOTE  TOTE  TOTE  TOTE  TOTE  TOTE  TOTE  TOTE  TOTE  TOTE  TOTE  TOTE  TOTE  TOTE  TOTE  TOTE  TOTE  TOTE  TOTE  TOTE  TOTE  TOTE  TOTE  TOTE  TOTE  TOTE  TOTE  TOTE  TOTE  TOTE  TOTE  TOTE  TOTE  TOTE  TOTE  TOTE  TOTE  TOTE  TOTE  TOTE  TOTE  TOTE  TOTE  TOTE  TOTE  TOTE  TOTE  TOTE  TOTE  TOTE  TOTE  TOTE  TOTE  TOTE  TOTE  TOTE  TOTE  TOTE  TOTE  TOTE  TOTE  TOTE  TOTE  TOTE  TOTE  TOTE  TOTE  TOTE  TOTE  TOTE  TOTE  TOTE  TOTE  TOTE  TOTE  TOTE  TOTE  TOTE  TOTE  TOTE  TOTE  TOTE  TOTE  TOTE  TOTE  TOTE  TOTE  TOTE  TOTE  TOTE  TOTE  TOTE  TOTE  TOTE  TOTE  TOTE  TOTE  TOTE  TOTE  TOTE  TOTE  TOTE  TOTE  TOTE  TOTE  TOTE  TOTE  TOTE  TOTE  TOTE  TOTE  TOTE  TOTE  TOTE  TOTE  TOTE  TOTE  TOTE  TOTE  TOTE  TOTE  TOTE  TOTE  TOTE  TOTE  TOTE  TOTE  TOTE  TOTE  TOTE  TOTE  TOTE  TOTE  TOTE  TOTE  TOTE  TOTE  TOTE  TOTE  TOTE  TOTE  TOTE  TOTE  TOTE  TOTE  TOTE  TOTE  TOTE  TOTE  TOTE  TOTE  TOTE  TOTE  TOTE  TOTE  TOTE  TOTE  TOTE  TOTE  TOTE  TOTE  TOTE  TOTE  TOTE  TOTE  TOTE  TOTE  TOTE  TOTE  TOTE  TOTE  TOTE  TOTE  TOTE  TOTE  TOTE  TOTE  TOTE  TOTE  TOTE  TOTE  TOTE  TOTE  TOTE  TOTE  TOTE  TOTE  TOTE  TOTE  TOTE  TOTE  TOTE  TOTE  TOTE  TOTE  TOTE  TOTE  TOTE  TOTE  TOTE  TOTE  TOTE  TOTE  TOTE  TOTE  TOTE  TOTE  TOTE  TOTE  TOTE  TOTE  TOTE  TOTE  TOTE  TOTE  TOTE  TOTE  TOTE  TOTE  TOTE  TOTE  TOTE  TOTE  TOTE  TOTE  TOTE  TOTE  TOTE  TOTE  TOTE  TOTE  TOTE  TOTE  TOTE  TOTE  TOTE  TOTE  TOTE  TOTE  TOTE  TOTE  TOTE  TOTE  TOTE  TOTE  TOTE  TOTE  TOTE  TOTE  TOTE  TOTE  TOTE  TOTE  TOTE  TOTE  TOTE  TOTE  TOTE  TOTE  TOTE  TOTE  TOTE  TOTE  TOTE  TOTE  TOTE  TOTE  TOTE  TOTE  TOTE  TOTE  TOTE  TOTE  TOTE  TOTE  TOTE  TOTE  TOTE  TOTE  TOTE  TOTE  TOTE  TOTE  TOTE  TOTE  TOTE  TOTE  TOTE  TOTE  TOTE  TOTE  TOTE  TOTE  TOTE  TOTE  TOTE  TOTE  TOTE  TOTE  TOTE  TOTE  TOTE  TOTE  TOTE  TOTE  TOTE  TOTE  TOTE  TOTE | nt, however, may a reply be tin<br>ory minimum of thirty (30) day<br>expire SIX (6) MONTHS from<br>action to become ABANDONE | nely filed<br>s will be considered timely.<br>the mailing date of this commur<br>D (35 U.S.C. § 133). | nication. |  |  |
| Status                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                              |                                                                                                       |           |  |  |
| 1)⊠                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Responsive to communication(s) filed                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | on <u>30 October 2003</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <b>!.</b>                                                                                                                    |                                                                                                       |           |  |  |
| ,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | This action is <b>FINAL</b> . 2b)⊠ This action is non-final.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                              |                                                                                                       |           |  |  |
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|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | closed in accordance with the practice under Ex parte Quayle, 1935 C.D. 11, 453 O.G. 213.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                              |                                                                                                       |           |  |  |
| Disposition                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | on of Claims                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                              |                                                                                                       |           |  |  |
| 5)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Claim(s) 1-8 is/are pending in the application.  4a) Of the above claim(s) is/are withdrawn from consideration.  Claim(s) is/are allowed.  Claim(s) is/are rejected.  Claim(s) is/are objected to.  Claim(s) is/are subject to restriction and/or election requirement.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                              |                                                                                                       |           |  |  |
| Application                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | on Papers                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                              |                                                                                                       |           |  |  |
| ,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | The specification is objected to by the E                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <u>_</u>                                                                                                                     |                                                                                                       |           |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | D)☐ The drawing(s) filed on is/are: a)☐ accepted or b)☐ objected to by the Examiner.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                              |                                                                                                       |           |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Applicant may not request that any objection to the drawing(s) be held in abeyance. See 37 CFR 1.85(a).                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                              |                                                                                                       |           |  |  |
| 11)[]                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Replacement drawing sheet(s) including the correction is required if the drawing(s) is objected to. See 37 CFR 1.121(d).  1) The oath or declaration is objected to by the Examiner. Note the attached Office Action or form PTO-152.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                              |                                                                                                       |           |  |  |
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| •                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | nder 35 U.S.C. § 119                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                              | \                                                                                                     |           |  |  |
| <ul> <li>12) Acknowledgment is made of a claim for foreign priority under 35 U.S.C. § 119(a)-(d) or (f).</li> <li>a) All b) Some * c) None of:</li> <li>1. Certified copies of the priority documents have been received.</li> <li>2. Certified copies of the priority documents have been received in Application No.</li> <li>3. Copies of the certified copies of the priority documents have been received in this National Stage application from the International Bureau (PCT Rule 17.2(a)).</li> <li>* See the attached detailed Office action for a list of the certified copies not received.</li> </ul> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                              |                                                                                                       |           |  |  |
| Attachmen                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | t(s)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                              |                                                                                                       |           |  |  |
| 1) Notice of References Cited (PTO-892) 4) Interview Summary (PTO-413) Paper No(s)/Mail Date                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                              |                                                                                                       |           |  |  |
| 3) Inform                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | e of Draftsperson's Patent Drawing Review (PTC<br>nation Disclosure Statement(s) (PTO-1449 or PT<br>r No(s)/Mail Date                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                              | Patent Application (PTO-152                                                                           | ?)        |  |  |

Application/Control Number: 10/696,876

Art Unit: 3711

## **DETAILED ACTION**

## Election/Restrictions

Restriction to one of the following inventions is required under 35 U.S.C. 121:

- Claims 1-5, drawn to a spherical golf ball, classified in class 473, subclass
   278.
- II. Claims 6-8, drawn to method for fabricating a golf ball, classified in class 473, subclass 409.

The inventions are distinct, each from the other because:

Inventions I and II are related as apparatus and method. The inventions can be shown to be distinct if either or both of the following can be shown: (1) the process for using the product as claimed can be practiced with another materially different product or (2) the product as claimed can be used in a materially different process of using that product (MPEP § 806.05(h)). In the instant case, the process for using the product as claimed can be practiced with another materially different product. For example, the process as claimed could be used to fabricate a golf ball that has different size of groove or depth other than what is claimed in claim 1.

Because these inventions are distinct for the reasons given above and have acquired a separate status in the art as shown by their different classification, restriction for examination purposes as indicated is proper.

Any inquiry concerning this communication or earlier communications from the examiner should be directed to Nini F. Legesse whose telephone number is (571) 272-4412. The examiner can normally be reached on 9:30 AM - 6:30 PM.

Page 3

Application/Control Number: 10/696,876

Art Unit: 3711

If attempts to reach the examiner by telephone are unsuccessful, the examiner's supervisor, Greg Vidovich can be reached on (571) 272-4415. The fax phone number for the organization where this application or proceeding is assigned is 703-872-9306.

Information regarding the status of an application may be obtained from the Patent Application Information Retrieval (PAIR) system. Status information for published applications may be obtained from either Private PAIR or Public PAIR. Status information for unpublished applications is available through Private PAIR only. For more information about the PAIR system, see http://pair-direct.uspto.gov. Should you have questions on access to the Private PAIR system, contact the Electronic Business Center (EBC) at 866-217-9197 (toll-free).

F. Legene

04/13/05